



FLASH [Fun Leisure Access Savings and Health] Card

Application for a discount card for Seattle/King County residents age 18-59 with disabilities

City of Seattle

Mayor's Office for Senior Citizens • 810 3rd Ave Ste 350 • Seattle WA 98104

FLASH Card holders must be residents of Seattle or King County, age 18-59, with qualifying disabilities, as defined in the Eligibility Criteria for the Regional Reduced Fare Permit for public transportation (see <http://transit.metrokc.gov/tops/accessible/RRFP-info.pdf>).

Complete this form and provide a copy of one (1) the following. **Check only one (1):**

- A current Metro ADA Paratransit Card
- Permanent reduced fare permit for disabled persons (only ages 18–59), back & front (NOTE: If age 60+, apply for a Gold Card for Healthy Aging, which provides similar benefits.)
- Regional Reduced Fare Permit Certification of Eligibility, signed by approved health care provider
- FLASH Card Certification of Eligibility, signed by approved health care provider (**see reverse**)
- Verification (no more than 12 months old) of Social Security Disability Income (SSDI), Supplemental Security Income (SSI); Veterans Administration Income or General Assistance Unemployable (GAU/GAX).

Please Print

Name _____

First

Middle

Last

Address _____

Street

City

State

Zip

Date of Birth _____ Phone No. _____

Area Code

If you are unable to provide one of the documents listed above, complete the following. **Check only one (1):**

- I am providing proof of eligibility and am receiving Social Security Disability Benefits or Supplemental Security Income Benefits due to disability.
- I am providing proof of current eligibility by the Veterans Administration as having a disability of at least 40%.
- I am presenting a valid Medicare card issued by the Social Security Administration.
- I am providing a valid Regional ADA paratransit card, issued by _____ (Agency). This ADA paratransit card expires _____.
- I am providing a valid ADA paratransit card from outside the region.
- I have one or more obvious physical impairments.
- I am currently participating in a vocational career program with the Washington State Individual Educational Program (IEP).
- I have a medical disability as certified by a Physician, Psychiatrist, Psychologist (Ph.D.), Physician's Assistant (P.A.), Advanced Registered Nurse Practitioner (A.R.N.P.) or Audiologist, licensed in the State of Washington. **See reverse side of this application.**

Send this form (both pages), **with proof of eligibility**, to the Mayor's Office for Senior Citizens:

By mail: 810 3rd Ave Ste 350
Seattle WA 98104-1604

In person: 810 Third Avenue (between Columbia & Marion streets, downtown Seattle), 3rd floor

Questions? Call 206-684-0500 (TTY 206-233-2778) or e-mail seniors@seattle.gov

Certification of Eligibility

Applicant's Release

I hereby authorize the physician to release any information necessary to complete this certification. I understand that this information is confidential and shall not be released without my approval or a court order. I understand that the Mayor's Office for Senior Citizens shall have the right and opportunity to verify my eligibility for a FLASH Card. I understand that if any of the statements made on this application form are false or inaccurate, I will lose the privileges granted by the FLASH Card and may be subject to criminal prosecution in accordance with Washington State Law for theft (RCW #9A.56.020).

Applicant's Signature _____ Date _____

This section to be completed by an approved Health Care Provider

Signatures of Health Care Providers other than those below are not acceptable:

- Washington State-licensed:
- Physician (M.D.)
 - Psychiatrist
 - Psychologist (Ph.D.)
 - Audiologist certified by the American Speech, Language and Hearing Association
 - Physician's Assistant (P.A.)
 - Advanced Registered Nurse Practitioner (A.R.N.P.)

Instructions:

1. This applicant must meet at least one of the criteria and conditions listed in **King County Metro Transit's Medical Eligibility Criteria and Conditions** brochure (see <http://transit.metrokc.gov/tops/accessible/RRFP-info.pdf>).
2. The specific Medical Eligibility Criteria number must be noted in the space provided.
3. If Section 6.4 is used, this person must be diagnosed by you as being "Acute-at-risk." The appropriate subsection (a, b, c or d) must be included along with the name and phone number of the work activity center, training or rehabilitation program in which this patient is currently a patient. **Note: An applicant's enrollment in a drug or alcohol rehabilitation program does not, in and of itself, meet eligibility requirement.**
4. An applicant's financial situation has no bearing on eligibility.

This section is to be completely filled out by the approved Health Care Provider:

I certify that _____ meets the Medical Eligibility Criteria _____
(Applicant) SECTION & SUBSECTION Number

If Section 6.4, (a, b, c or d) enter name of qualifying program: _____

Please check the appropriate boxes:

- Yes No The disability is Temporary. Specify length of disability: _____ months. A temporary disability must be expected to last at least three months, but no longer than one year.
- Yes No The disability is Permanent.
- Yes No This applicant requires a Personal Care Attendant (if yes: temporary permanent)

Verification of Approved Health Care Provider

Please Print

Name _____ Phone No. _____

Provider or Agency Address _____

Washington State License No. _____

I understand that if any of the statements made on this application form are false or inaccurate, I will be subject to criminal prosecution in accordance with Washington State Law for theft (RCW #9A.56.020).

Signature _____ Date _____
Original signature - no photocopies or fax accepted.